

BULLETIN

of the
**MAHONING COUNTY
 MEDICAL SOCIETY**

Volume LII

Number 3

MARCH, 1982

YOU cannot bring about prosperity by discouraging thrift. You cannot strengthen the weak by weakening the strong. You cannot help the wage earner by pulling down the wage payer. You cannot further the brotherhood of man by encouraging class hatred. You cannot help the poor by destroying the rich. You cannot keep out of trouble by spending more than you earn. You cannot build character and courage by taking away man's initiative and independence. You cannot help men permanently by doing for them what they could and should do for themselves.

Abraham Lincoln

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1982 - MAHONING COUNTY MEDICAL SOCIETY MEETINGS - 1982

Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	Tuesday
Jan. 19	Mar. 16	May 18	Sept. 21	Nov. 16	Dec. 21

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From the Desk of the President



"HURRAY AND HALLELUIAH"

The lawsuit is over, there has been no judgment of guilt, no money has been paid by the Medical Society or the four physician-defendants to Attorney General William Brown, and our first amendment rights have not been violated. All of this is the result of years of hard defense by my predecessors in this medical family. I salute their good leadership and the OSMA Council for its financial help with our legal fees. I have forwarded a letter to them in your behalf.

My own independent representation on the HSA Board has been to repeatedly encourage free enterprise with neither special restrictions or special advantages for any individual or group. In line with this attitude of fair play, you might be interested to know about the legislation which we proposed to the Ohio State Legislature, via the MSA Board, which essentially said, "Sue, if you have just cause, but if you lose in a court of law, both you and your attorney will pay a proportion of the amount which you hoped to gain." Obviously, this would greatly reduce the incidence of legal actions of borderline value. This legislation was removed from consideration by the Judiciary Committee.

As long as the tort laws remain in their present form, we physicians will continue to be considered as "fair game" by some people. There is no doubt in my mind that we must work more closely through our medical society structure and, above all, continue to carefully practice the best medicine of which we are capable. I am proud to be one of you.

R. M. Kiskaddon, M.D.
President



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of the Mahoning County Medical Society

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The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff nor the official views of the Mahoning County Medical Society.

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Editorial

REAGANOMICS AND REALITY

Someone once said there is a silver lining to every dark cloud.

The ones facing the dark cloud have serious difficulty appreciating this comment.

It must have been evident to thinking people that a change was needed in this country. In fact it was long overdue. Some of us have felt that the United States had passed its peak and was in the declining phase of its existence as an effective impactor on the world. Events in recent years with the emerging nations strongly suggest this.

This country was built by rugged individualists who made things happen themselves. They did for themselves, but also helped others less fortunate. I can remember during the great depression of the thirties how neighbor helped neighbor and they shared what little they had, appreciating it.

The affluence that attended post World War II saw people change. Each new benefit triggered a desire for more, while paying less attention to fellow man. Neighboring was replaced by television-huddling and myriads of other escape entertainments which featured individuals or small groups, disregarding the welfare of all.

Our help to others began to be in the form of impersonal donations of money, but less of time and of ourselves, except for a few dedicated individuals who kept the light of compassion burning.

The politicians followed by reacting to barbs and stimuli from all areas in the proliferation of programs, many of which were supposedly temporary but could not be stopped once started. A greater dependency on big government developed. We began to say "We can't do it without your help!" Self-reliance dropped. Starting with low pay in government circles, we tried to keep good people in the system while developing good fringes. Someone without a job could always get government work. Then the great increases in wages began. Together these added to burgeoning governmental costs.

There is an old axiom that once we have tasted something very good, we want more. In a free society this usually meant greater activity and more productivity. To stimulate production in W.W. II, cost plus emerged. In-

dustry and labor embraced it readily. But our organized groups began to set limits on productivity for given income. Job security became an issue. costs had to rise. The whole spiraling, expensive economic trend was inevitable.

One must admire President Reagan in his attempt to halt the centralized control over Americans. His concept gives one hope that there are those who feel each American must take a good look at himself and dedicate himself to a new beginning. In the interests of personal comfort and satisfaction we have squandered away many natural assets which will be needed by later generations. We've been trying to get away from ourselves with recreation, material goods, and mind-affecting and endangering practices such as alcohol and drugs.

In developing countries folks are concerned about where their next food comes from. Here we are concerned about that pack of cigarettes, that luxury car and which large size color T.V. we want (often with little concern or how we'll pay for it).

If President Reagan is right and the American people have the character to realize it, they will bite the bullet and we can move in a different direction which will mean contentment for all.

If the American people do not accept the temporary crunch of Reaganomics or if the trend of the last few decades is so firmly entrenched that it cannot be redirected, we must have grave concerns for America's future.

The thinking leaders of this country including politicians, industrial, business, labor, religious, professional and minorities must rethink their positions and be willing to bend and concede for progress. We are in a new kind of revolution and, unless strong leaders guide us prudently, disintegration faces us!

—Richard W. Juvancic, M.D.

HAPPY BIRTHDAY

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March 17

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W. P. Burick
P. Soleimani
W. B. Rich

March 18

K. E. Camp
P. A. Dobson

March 22

F. A. Friedrich
A. F. Azimpoor

March 23

D. J. Limbert

March 24

R. Roland

March 27

R. L. Gilliland
C. A. Amedia, Jr.

March 29

L. N. Green
F. C. Tiberio

March 30

C. M. Lee

March 31

P. B. Cestone
E. F. Sabado

April 1

P. E. Krupko

April 3

B. A. Slabochova

April 4

R. S. Richards

April 5

L. Bloomberg
S. K. Garg

April 8

T. N. Detesco

April 9

A. Z. Rabinowitz

April 10

J. J. Anderson
J. Mehta
R. R. Miller

April 11

R. J. Cuttica

April 12

A. B. Cinelli
B. S. Gordon

April 13

R. J. Heaver

April 15

J. E. Migh

MARCH

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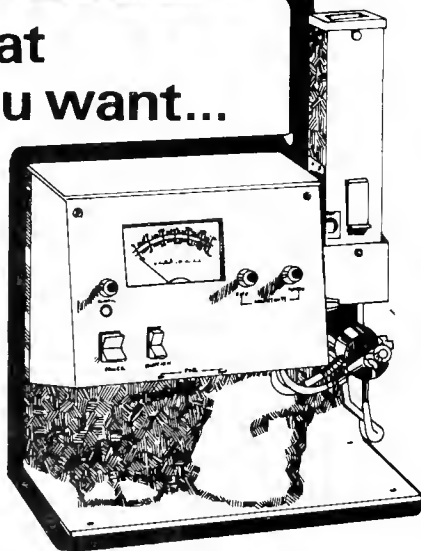
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PROCEEDINGS OF COUNCIL

February 9, 1982

The regular meeting of the Council of the Mahoning County Medical Society was held Tuesday, February 9, 1982 at the Youngstown Club.

The treasurer's report included the number of paid-up 1982 members and a recap of the lawsuit finances.

The following applications were presented by the Censors:

ACTIVE:

Murali Guthikonda, M.D.

Robert R. Houston, M.D.

Teerasit Sripan, M.D.

ASSOCIATE:

Patricia Ann Miller, M.D.

Walter Clare Reese, M.D.

Charles L. Paxson, M.D.

The applications were approved. The applicants will become members of the Mahoning County Medical Society in the voted category 15 days after the publication of the names in the *Bulletin*, unless objection is filed in writing with the executive director before that time.

A letter from OSMA President elect Douglas Ford was read, asking for suggestions for members of OSMA committees. Those presently serving on OSMA committees were noted and a sign-up sheet was passed around the Council table.

Dr. Kiskaddon reported on a communication from Stillson & Donahay referred to a change in available disability coverage for physicians. The letter was referred to the insurance committee.

A communication was read concerning the Beaumont and Goldberger Awards being offered by AMA.

Dr. Anderson reported on the signing of the consent decree and the winding down of the lawsuit. Dr. Kiskaddon read a letter he sent to OSMA, thanking the State association for its assistance with the lawsuit.

A report on the Legislative Committee meeting of OSMA in Columbus on Jan. 20 was given by Dr. Sovik.

A report on the Sixth District Caucus at Rootstown on Jan. 27 was given by Dr. Melnick.

A report on the HSA meeting was given by Dr. Sovik, who was appointed interim chairman because of the illness of Dr. Berkowitz.

There was some comment concerning the supplement to the *Bulletin* mailing and a general agreement that it was handled in a proper manner. It was noted the length of the letter prohibited publication in the *Bulletin* proper.

A report on the year-end status of the Mahoning County Medical Society Foundation was noted and received some comment.

It was noted the proceedings of the AMA Interim Meeting in Las Vegas included consideration of a resolution that originated with the Mahoning County Medical Society. The resolution calls for tax credits for physicians who provide medical services to indigent persons. It was referred to the Board of Trustees at the Las Vegas meeting.

There was a discussion of the parental authorization form for emergency care for minors but no action was taken.

Dr. Kiskaddon reported the formation of the Harvey Lectureship committee and the possibility that the Society's September meeting might be the first Harvey Lecture.

A resolution concerning physical therapy was approved and ordered sent to OSMA for consideration by the House of Delegates.

It was announced the AMA Leadership Conference is Feb. 25-28 and applications are available in the Society office.

It was noted Dr. Liebelt is leaving NEOUOM and a suggestion was made that a suitable means be utilized to show appreciation for what he has done for the College of Medicine.

Did You Know . . .

A METHOD FOR RAPID REHABILITATION OF THE AMPUTEE

Extremity amputation was one of the earliest surgical procedures ever performed. Over the centuries, the art and science of prosthetics has developed. Until recently it had been customary to wait six to eight weeks after the surgery before permitting the residual limb (stump) to be molded by elastic bandaging, before fitting a prosthesis.

About 1960, a Dr. Weiss of Warsaw, Poland, developed a technique using a plaster of paris rigid dressing at the time of surgery, combining it with a temporary prosthesis or pylon to permit the lower extremity amputee to ambulate within a few days after the operation.

The method presented here combines the advantages of early fitting and ambulation with the means to inspect the wound, if necessary. This method also permits the surgeon, the physiatrist and the prothetist to work on schedules more convenient to each.

Forty-three amputations in 40 individuals have been performed, using the technique to be described. The patients ranged in age from 27 to 95 years. The indications for amputation varied from osteomyelitis to arterial insufficiency. Almost equal numbers of above-knee and below-knee amputations were performed.

The technique consists of using a semi-rigid dressing on the residual limb, at the time of surgery. The dressing consists of a prepared roll of Unna Boot material, wrapped around the residual limb after the surgical wound has been dressed with a light, dry sterile dressing. Within 12 to 48 hours after surgery, a temporary plaster of paris socket (in below-knee amputation) or a pre-molded plastic laminate socket (in above-knee amputation) is fitted to the patient. Twenty-four to 48 hours after fitting the socket, the remainder of the pylon is fitted and ambulation training can be started.

Several patients undergoing amputation were not considered candidates for rehabilitation, for reasons other than prosthetic. The reasons varied from sensory impairment (blindness) and inadequate cardiopulmonary reserve, to lack of personal motivation for rehabilitation. Patients who were considered candidates for rehabilitation were ambulatory within one week after surgery, using the temporary prosthesis. Ambulation was possible in very short order with a walkerette. Rapid discharge was accomplished in most cases.

The method outlined here offers all the advantages of the rigid dressing with none of the disadvantages. When a rigid dressing is used, the dressing forms the socket for the temporary prosthesis. Under the old system, if there is any concern about the condition of the wound, whether the concern is about infection or possible necrosis of the skin flaps, the entire dressing must be removed, thus destroying the prosthesis.

Using the semi-rigid (Unna Boot) dressing permits fabrication of a separate socket. Also, if any member of the team has any concern about the possibility of infection or flap necrosis, the Unna Boot dressing can be removed, the wound inspected and the dressing re-applied. This method prevents edema formation within the residual limb, permits earlier ambulation and discharge of the patient. There is less grief over the loss of the limb and there is earlier return to function.

More cases are sought for this procedure. We plan to publish a subsequent article on this subject once we have experience with 100 or more cases.

Michael I. Jacobson, M.D.

YHA C. M. E. ACTIVITIES

- March 13, 1982 8:00 a.m. Hitchcock Auditorium. Surgical Visiting Professor
 "The Bedside Evaluation of Bleeding Problems" - E. R. Mammen, M.D.
 Director, Surgical Research, Wayne State, Detroit.
- March 16, 1982 Classroom #2, North Unit. Advanced EKG
 "Atrial Tachyarrhythmias and Aberration" - W. H. Bunn, M.D.
- April 1, 1982 8:00 p.m. Hitchcock Auditorium. All-Divisions
 Visiting Professor
 "Response of the Lung to Inhaled Antigens" - Donald Schluster, M.D.
 Medical College of Wisconsin.
- April 10, 1982 9:00 a.m. Hitchcock Auditorium. Cancer Lecture
 "Ovarian Carcinoma" - John Boutsellis, M.D.
 Chief of GYN Oncology, O.S.U.

PREMARITAL BLOOD TEST

The Ohio General Assembly has repealed those portions of the Marriage Law that required a premarital blood test for syphilis and a physician's statement that the applicant is free from infectious syphilis. All other portions of the Marriage Law remain the same.

The Prenatal Law that requires approved tests for syphilis and gonorrhea be made on specimens taken from all pregnant women is still in effect. The law requires that these tests be made in laboratories approved by the Ohio Department of Health. Because of this approval program, it is assumed those states which still have premarital test requirements and accepted the results of Ohio-approved laboratories will continue to do so.

CONTINUING MEDICAL EDUCATION

The continuing schedule of programs for St. Elizabeth Hospital Medical Center's series of Family Medicine Grand Rounds conferences is:

March 26 — PSYCHIATRY "Psychosomatic Problems In Childhood and Adolescence" with Chris VanDevere, M.D., assistant professor of Psychiatry NEOUCOM and Director of Pediatric Psychiatry, Children's Medical Center Hospital of Akron.

April 2 — GERIATRICS "Drug Therapy in the Elderly" with Jerome L. Avorn, M.D., assistant professor of Society Medicine, Division on Aging, Harvard Medical School.

April 16 — ENDOCRINOLOGY "Hormone Receptors" with Gerald S. Levey, M.D., chairman of Department of Medicine, University of Pittsburgh School of Medicine.

April 23 — INFECTIOUS DISEASE "Legionnaire's Disease Update" with E. L. Quinn, M.D., Clinical Professor of Medicine, University of Michigan and chairman of the Division of Infectious Disease, Henry Ford Hospital, Detroit.

April 30 — NUTRITION "Infant Nutrition - a Foundation for Lasting Health?" with Lloyd J. Filer Jr., M.D. Ph.D., professor of Pediatrics, University of Iowa College of Medicine.

May 7 — RHEUMATOLOGY "Nonarticular Rheumatism" with John J. Calabro, M.D., professor of Medicine and Pediatrics, University of Massachusetts Medical School.

May 14 — DRUG ABUSE "Use of the Laboratory in Psychiatric Diagnoses" with Carter Pottash, M.D., vice president of Applied Research, Psychiatric Institutes of America, Summit, New Jersey.

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Take it from me, there is no better way to change one's perception of a cold snowy winter day in Northeastern Ohio than to buy into the sport of Alpine Skiing. I made this discovery some twelve years ago when, at the age of 43, I first strapped on a pair of skis. Since that time I have had many great experiences on the slopes with family and friends.

Downhill skiing provides many of the features that coincide with the current concept of wellness. Although not inexpensive, it is a pursuit that is well within the means of members of the profession. There is a natural hesitancy on the part of those who view potential injury as a threat to their livelihood. However, recent studies conducted at Sugarbush North Ski area by University of Vermont researchers, with Cleveland Clinic Foundation Sports Medicine residents, showed that only 3.3 injuries per 1,000 skier-days occurred in 1979. With the advent of better equipment, especially newly designed boots and multi directional bindings, the injury rate has dropped impressively. Also, injuries can be minimized by starting with proper instruction and by maintaining general physical fitness year round.

Alpine skiing has so many delightful aspects as a sport. It provides a setting for warm friendship and relaxed camaraderie. A ten to fifteen minute ride on a lift chair affords ample opportunity for reflection, inspiring, peaceful quiet and alpha wave producing.

The other trappings such as saunas, outside heated pools, crackling hearth fires and fondues are a hedonists delight. The sport itself brings out the best in competitive spirit. It is not frustrating because there are always those skiing beside you who are not as competent, to reassure you, but also those with considerably better developed technique to spur you on and there is usually an easy or a hard way to go down any face. It is essentially a dynamic form of exercise when entered into with even moderate skills. Admittedly beginning skiers, locked in a snow plow survival maneuver, are almost entirely in an isometric mode.

The MCMS has its share of ardent skiers—Riberi, Moskalik, Hickson, Kalfas, Kachmer, Sheridan, Reese, Bunn, Roland, Chlevlen, Lipton, just to name a few. If you want some free advice or even highly classified information, give one of them a try and you are guaranteed a response.

Bill Bunn

HEMOPHILIA IS TOPIC

"Comprehensive Care of Hemophilia in the 1980's" — is the title of a program to be presented in Akron on April 3, 1982 sponsored by the Hemophilia Foundation of Northern Ohio and NEOUCOM. Dr. Larry Pass is the program chairman. Outstanding authorities will be present.

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CME CRUISE/CONFERENCES SCHEDULED

International Conferences of Huntington Station, N.Y. will sponsor two professional cruise/conferences for physicians and their families during July and August 1982. Each conference has been approved for up to 24 CME Category 1 credits by the Suffolk Academy of Medicine. The format of the conferences will consist of lectures, seminars, and discussion groups devoted to medicolegal topics such as professional liability, consent issues in medicine, and medical records and privacy. Irwin N. Perr, M.D., J.D., Professor of Psychiatry at Rutgers Medical School, and Adjunct Professor of Law, Rutgers Law School - Newark, will serve as seminar chairman for both conferences.

The Caribbean Conference will take place aboard the TSS FAIRWIND, departing Ft. Lauderdale, Florida on July 28th and returning on August 7th. During this 10 day cruise, participants will visit St. Thomas, Antigua, Martinique, St. Maarten, and St. Croix. The Mediterranean Conference will be held aboard the MTS DANAE, departing Venice, Italy on August 21st and returning on September 4th, just prior to Labor Day. During this 14 day cruise, participants will visit major cities in Italy, Greece, Egypt, Israel, Turkey, and Yugoslavia.

The Caribbean and Mediterranean Conferences were scheduled prior to 12/13/80 and conform to IRS tax deductibility requirements under Sec. 602 of the Tax Reform Act, Public Law 94-445, effective 1/1/77. For a color brochure and additional information please contact: International Conferences, Suite C, 189 Lodge Ave., Huntington Station, N.Y. 11746.

A NEW RETROACTIVE PICO PROFESSIONAL LIABILITY COVERAGE

PICO is pleased to announce the availability of a new medical professional liability policy which is the only coverage of its kind to date in the nation.

Career Assets Protection, "CAP," is a unique concept in liability protection for physicians. It is a one-time, single premium, retroactive occurrence policy, which provides coverage for the physician from the date it is issued *backwards* to the beginning of his/her practice. It can relieve the concerns many physicians, and physician corporations, have about the adequacy of the limits of liability which covered them for the performance of their duties in previous years.

PICO is very excited about this new policy which is both innovative and extremely useful. "CAP" can "tie up loose ends" for retiring doctors; it can relieve the concerns a new practitioner may have about the coverage carried on him during his residency by his employer hospital, particularly if the institution was self-insured; and it can be the "sleep tight" coverage needed by the principals of a medical corporation concerned about corporate liability for the acts of previously employed physicians.

"CAP" is offered in layers of \$1 million/\$1 million, up to \$5 million/\$5 million. It is excess over any primary coverage that may apply for the claims period in question. If the physician practiced without liability coverage, if more than five years ago, "CAP" becomes the primary policy. If a physician has been covered under a claims-made plan, the "CAP" coverage is issued in a restricted number of cases. Otherwise, "CAP" coverage is available to physicians regardless of what companies they have been insured by in the past.

Brochures with more details on the "CAP" coverage can be obtained by calling PICO's Customer Services department at (614) 864-7100 or toll free in Ohio, 1-800-282-7515. Physicians may also call Gluck Agency, representing PICO, for an analysis of their need for "CAP".

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From the Bulletin

FIFTY YEARS AGO — MARCH 1932

Dr. James L. Fisher was the editor that year with assistant editors Louis Deitchman and W. B. Schaffner. There was much discussion regarding the importance of vaccination against diphtheria and smallpox and the need to prevent such "fearful diseases". Dr. Schaffner described in minute detail the proper technique which is still in use today, and he warned against the use of shields or dressings over the vaccination site. Little did they suspect that in a short span of forty years such efforts would have been so successful that the U.S. Public Health Service would be questioning the need for requiring routine smallpox vaccination.

FORTY YEARS AGO — MARCH 1942

What the government wanted was more and more doctors for the armed services. In addition to those mentioned last month, Stephen Ondash, George Armbrrecht, A. D. Amore, Fred Tingwald and Edward Hardman joined up and were off to camp.

St. Elizabeth's Hospital installed a blood plasma bank with Dr. E. H. Young in charge.

J. K. Herald and Catherine Moore were married February 14th. William Mermis opened his office for practice on Mahoning Avenue with his brother Walter. Myron Owen of Ravenna married Harry Patrick's daughter Grace.

THIRTY YEARS AGO — MARCH 1952

The Holger Nielson push-pull method of artificial respiration was adopted by the Defense Department supplanting the Schafer prone-pressure method.

The TB Sanatorium admitted 164 patients during 1951. Of these, 88 were far advanced and 37 moderately advanced. The institution was 93.2% filled. There were 166 patients discharged, 25 by death. Autopsy rate was 48%.

New members that month were: F. A. Friedrich, K. J. Hovanic, H. L. Shorr, and D. B. Brown.

J. N. McCann, President of the Ohio Board of Medical Examiners was made President-Elect of the National Federation of State Board Examiners.

TWENTY YEARS AGO — MARCH 1962

The second stage of the mass Polio inoculation was under way under the capable guidance of Dr. Kurt Wegner. It was a huge success, with 128,636 immunizations given. Type III vaccine was not yet licensed, but was soon available. Like Diphtheria and Smallpox, another "fearful disease" had been moved into the background of medicine by an alert and concerned medical organization.

President C. W. Stertzbach warned the members and the public at large of the dangers inherent in President Kennedy's Medicare program and prescribed broader application of the Kerr-Mills program, as it was working in West Virginia. Editor Ben Berg echoed this theme, and he livened up the *Bulletin* with his whimsical cartoons.

Dr. George Dietz became a member of the Society. The city Board of Health reported no cases of diphtheria, polio, or smallpox. Dr. Winifred Liu submitted an article urging all members to do uterine cytological studies periodically on all female patients, or whenever they present themselves for treatment for any condition. Perhaps this practice, if followed, might bring about an end to another "fearful disease" as medical history seeks to repeat itself.

TEN YEARS AGO — MARCH 1972

Continuing in the celebration of the Centennial Year of the Mahoning

County Medical Society, Editor Dr. John Melnick wrote an interesting and well-researched article about Youngstown's first doctor, Dr. Charles Dutton 1777-1842. The March cover carried a sketch believed to be the oldest known picture of Youngstown.

President Henry Holden devoted his President's Page to matters of more recent history, that of the threat of peer review. As all his predecessors had done, Dr. Holden decried the 10-15% attendance at the meetings and urged members to attend and to express their views on the problem of making the Society a more effective voice in the resistance to the tightening circle of socialistic change. Looming on the horizon were the Medical Advances Institute, the Northeastern Ohio Health Care Foundation, and the Federal Profession Standards Review Organization. As a result, ninety-six members turned out, the largest attendance in many years.

The second annual "Doctors' Day" was sponsored again by the Women's Auxiliary. Doctors were greeted at the hospital by Auxiliary members who presented them with carnations for their lapels. Later, more than 100 doctors and wives met at the Ramada Inn to hear a talk by Barry Bishop, Geographer and mountain climber.

Two more members were lost through death. Dr. Robert Ceikurs died of a cerebral hemorrhage at the age of 67. Dr. Ceikurs practiced in Lowellville. The other was Dr. Dean Nesbit, one of Youngstown's foremost surgeons. He was the first surgeon in Youngstown to perform an abdomino-perineal rectal resection. Dr. Nesbit was the surgeon the other doctors called when surgery was needed on their own families. Dr. Nesbit died at the age of 82.

The third annual cancer symposium of the Mahoning County Unit of the American Cancer Society was held at the South Unit of the Youngstown Hospital Assn. Speakers were Arthur G. James, M.D., John Potter, M.D., Manuel Tzagournas, M.D., Rupert Turnbull, Jr., M.D., Arthur Murphy, M.D., and C. William Loughry, M.D.

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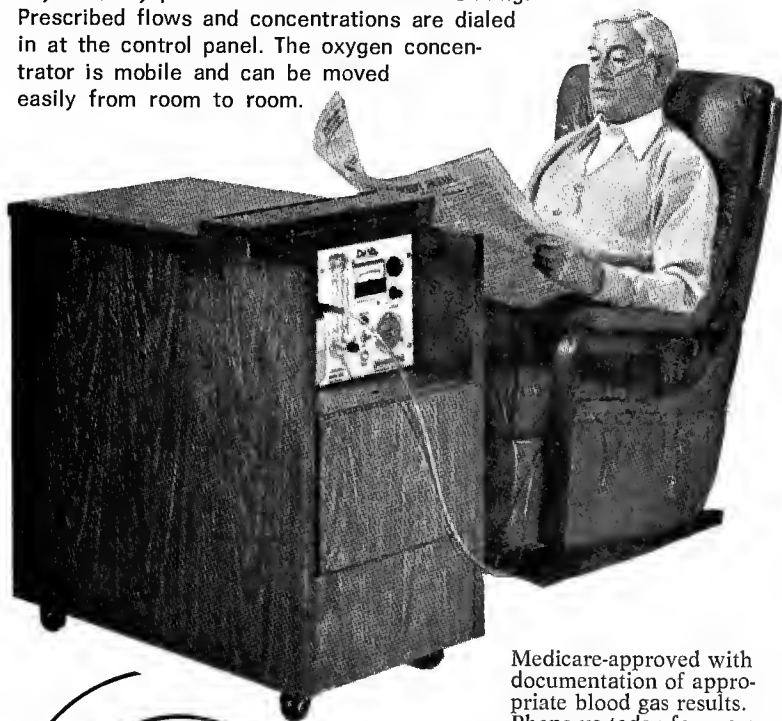
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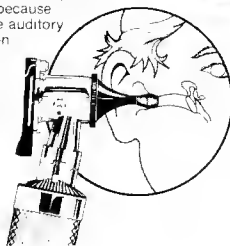


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